

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 02 1997 8:00am
Secretary of State

* PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28922 (3)

1. Corporation Name
CONSTRUCTA, INC.



Principal Place of Business 2685 SOUTH BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133	Mailing Address 2685 SOUTH BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133-5402
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3. Date Incorporated or Qualified 04/16/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 76-0268209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIETRI, MARC	
STREET ADDRESS	2685 SOUTH BAY SHORE DRIVE, SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133-5402	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KWIAT, ANDREW	
STREET ADDRESS	2685 S BAYSHORE DR SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GORLOW, BOB	
STREET ADDRESS	2685 S BAYSHORE DR SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MEUNIER, JEAN-MARC	
STREET ADDRESS	2685 SOUTH BAYSHORE DRIVE, SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133-5402	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POETSCH, JEFF	
STREET ADDRESS	2685 SOUTH BAYSHORE DRIVE, SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133-5402	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eric Fazillan	
1.3 STREET ADDRESS	2685 South Bayshore Dr Suite 302	
1.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****1100.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an alternate block with an address.

CRE034 (9/96)